

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: INHALATION DEVICE AND METHOD
Attorney Docket Number:: 000166.0109-US03
Request for Early Publication?:: No
Request for Non-Publication?:: No
Total Drawing Sheets:: 20
Small Entity?:: No
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Family Name:: Edwards
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 171 Commonwealth Avenue, Unit 3
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02116

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Family Name:: Jones
City of Residence:: Roslindale
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 112 Beech Street
City of mailing address:: Roslindale
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02131

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ryan
Family Name:: McManus
City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 220 Windsor Street, #1
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Margaret
Middle Name:: Millar
Family Name:: Saunders

City of Residence:: Cambridge
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: P.O. Box 425410
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02142

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: W.
Family Name:: Spaller
City of Residence:: Amesbury
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 356 Main Street
City of mailing address:: Amesbury
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 01913

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andrew
Family Name:: Ziegler
City of Residence:: Arlington
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 11 Cedar Avenue
City of mailing address:: Arlington

State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02476

Correspondence Information

Correspondence Customer Number:: 26853

Representative Information

Representative Customer Number:: 26853

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/268,059	10/10/02
10/268,059	Continuation-in-part of	09/835,302	04/16/01

Assignee Information

Assignee name:: Advanced Inhalation Research, Inc.
Street of mailing address:: 840 Memorial Drive
City of mailing address:: Cambridge
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02139